

# AUTO CR - LOG SUMMARY #1072654

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
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It is reported that Officer Manno responded to a Domestic Disturbance where the caller reported that her ex-boyfriend [REDACTED] was "cutting his veins." When [REDACTED] who was bleeding profusely, from self-inflicted cuts to both of his arms (from elbow to wrist) and had a razor blade in his neck, refused to stop his actions, Officer Manno discharged his taser. EMS was contacted and [REDACTED] was transported to [REDACTED] for treatment of his injuries.

(None Entered)

Hospitalization Case Report [REDACTED]

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KERO, ROBERT A	[REDACTED]	025 /	LIEUTENANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
22-NOV-2014 11:16 - 22-NOV-2014 11:16	[REDACTED]	[REDACTED]	025	290 - RESIDENCE	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]	[REDACTED]			M		[REDACTED]	
CPD Employee	Involved Member	MANNO JR, SAMUEL	[REDACTED]	/	POLICE OFFICER	M	WHI	[REDACTED]	

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-DEC-2014 02:25	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-DEC-2014 02:25	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	23-NOV-2014 02:20	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	22-NOV-2014 02:51	CHICO, ALICE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	22-NOV-2014 12:25	LYONS, KRISTI	INVESTIGATOR 3 COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LYONS, KRISTI	22-NOV-2014 12:25			
	DOCUMENTS - INTAKE INCIDENT		1		N	CHICO, ALICE	22-NOV-2014 02:49	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Officer Samuel Manno Jr. #5403	N	CHICO, ALICE	22-NOV-2014 02:32	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	CHICO, ALICE	22-NOV-2014 02:47	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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## Accused Penalty History

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 22-NOV-2014) - LOG #1072654

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	KERO, ROBERT A			025 /	LIEUTENANT OF POLICE	M	WHI		

## Incident Information

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## Accused Members

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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	22-NOV-2014 12:25	LYONS, KRISTI	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-DEC-2014 02:25	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	22-NOV-2014 12:25	LYONS, KRISTI	INVESTIGATOR 3 COPA	113 /	

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>22-NOV-2014</b>		TIME <b>11:05:00</b>		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE <b>090</b>		4. BEAT/OCCUR <b>2521</b>											
	5. POSITION <b>9161</b>		6. LAST NAME <b>MANNO JR</b>		7. FIRST NAME <b>SAMUEL</b>		8. STAR NO. <b>5403</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>00</b>		12. HT. <b>00</b>		13. WT. <b>230</b>					
	14. DATE OF APPT. <b>02-MAY-1994</b>		15. EMPLOYEE NO. <b>36135</b>		16. UNIT & BEAT OF ASSIGNMENT <b>025 2511</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
	20. LAST NAME		21. FIRST NAME		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>WHI</b>		25. D.O.B.		26. HT. <b>600</b>		27. WT. <b>175</b>							
SUBJECT INFORMATION	28. ADDRESS <b>5140 W DIVERSEY AVE , Apt BASE CHICAGO, IL 60639</b>				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <b>KNIFE/OTHER CUTTING INSTRUMENT</b> <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?		35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid															
REASON FOR USE OF FORCE (Check all that apply)	36. CHARGES PLACED																37. CB NO.		IR NO.		DNA	
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT: ASSAULT				ASSAILANT: BATTERY				ASSAILANT: DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER				FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <b>THREATENING WITH A BI</b>				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER					
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input type="checkbox"/> OTHER					
	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)																40. ADDITIONAL INFORMATION <b>RAZOR BLADE ATTEMPTING TO KILL HIMSELF.</b>					
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO.		UNIT																	
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS <b>OTHER</b>											
	45. MAKE/MANUFACTURER				46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE													
	49. TASER DART ID NO. <b>C6200AMAA</b>		50. WEAPON SERIAL No. (Include Letters) <b>X3000175N</b>				51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
CASE INFO.	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED													
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)															
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
SIGNATURES	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																					
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>MANNO JR, SAMUEL</b>				STAR/EMPLOYEE NO. <b>5403</b>		SIGNATURE															
	22-NOV-2014 12:32:58																					
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																					
	74. REVIEWING SUPERVISOR (Print Name) <b>WEIDIG, STEVEN W</b>				STAR NO. <b>1017</b>		SIGNATURE				DATE REVIEWED <b>22-NOV-2014 12:51:38</b>		TIME									

CPD-11.3.77 (REV. 10/07)

CPD 0266965

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject was taken to [REDACTED] for treatment of the injuries sustained in his suicide attempt. Unable to interview subject.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The officer used appropriate force to prevent further severe physical injury to the subject.

Log # 1072654

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

KERO, ROBERT A

SIGNATURE

DATE COMPLETED

TIME

22-NOV-2014 13:06:43

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

## CHICAGO POLICE DEPARTMENT

## ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.388(6-03)-C

RD #

Case ID

EVENT

IUCR: 5086 - Non-Criminal - Attempt Suicide/Not In Police Custody

Occurrence 5140 W George St

Beat: 2521

Unit Assigned: 2522

Location: Chicago IL

RO Arrival Date: 22 November 2014 11:11

090 - Apartment

Occurrence Date: 22 November 2014 11:05

Name

Res:

Beat: 2521

Male

White

DOB:

Age: 40 Years

Sobri

CPD Officer: No

Name:

Res:

Beat: 2521

Female

White Hispanic

DOB:

Age: 40 Years

CPD Officer: No

Extent: Serious

CPD First Aid Given? Yes

CFD First Aid Given? Yes

Hospital: Illinois Masonic

Responding Unit: AMBULANCE 63

Physician Name:

TypeWeapon Used

Laceration

Knife/Cutting Instrument

Request Type	Unit	Agency Name	Date	Star #	Name
Notification	630	Detective Area - North	22 November 13:00	1765	OGIEL,
Other Notifications May Be In Narrative.					
Notification	277	Forensic Services Evidence Technician Section	22 November 12:30		
Notification	116	Deployment Operations Center	22 November 12:10	9412	STANTIN,

## Chicago Police Department - Inck Report

RD #: HX516209

IN SUMMARY: R/O RESPONDING TO A MAN WITH A KNIFE CALL TO DISCOVER [REDACTED] (VICTIM) CUTTING HIMSELF WITH A RAZOR ABOUT THE FOREARMS AND NECK RELATING TO R/O HIS INTENTION TO END HIS OWN LIFE. OFFICER MANNO DEPLOYED A TASER IN ORDER TO GAIN CONTROL OF THE SUBJECT AND PREVENT FUTHER INJURY [REDACTED] (VICTIM) TRANSPORTED TO [REDACTED] BY CFD #063 REPORTED TO BE IN STABLE CONDITION.

- STAR#: NAME: S MANNO BEAT: 2511  
- STAR#: NAME: L LOPEZ BEAT: 2514

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	14780	[REDACTED]	MIESZCAK, Dan, J	[REDACTED]	22 Nov 2014 12:35	025	2522



# EVIDENCE SYNC<sup>OFFLINE</sup>

## DEVICE REPORT

Log# 1072654

**ECD Information****Model #:** TASER\_ECD\_X2**Serial #:** X3000175N**Firmware Version:** FWBundle Rev. 03.041**Device Health:** Good**Offline Report****Date:**

22 Nov 2014 11:48:47

**Local Timezone:**

Central Standard Time (UTC -6:00)

**Event Log**

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
11/22/2014 17:11:52	11/22/2014 11:11:52	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	81% 81%
11/22/2014 17:12:20	11/22/2014 11:12:20	Safe	C1: 25' Standard C2: 25' Standard	28s 28s	27°C 27°C	81% 81%
11/22/2014 17:12:32	11/22/2014 11:12:32	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	81% 81%
11/22/2014 17:12:44	11/22/2014 11:12:44	Trigger	C1: Deployed	5s		81% 81%
11/22/2014 17:14:09	11/22/2014 11:14:09	Safe	C1: Deployed C2: 25' Standard	1m 37s 1m 37s	33°C 33°C	81% 81%
11/22/2014 17:45:17	11/22/2014 11:45:17	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		26°C 26°C	0% 0%
11/22/2014 17:45:45	11/22/2014 11:45:45	Time Sync	11/22/2014 11:45:45 to 11/22/2014 11:48:25			